			1	SRF Di	sburse	ment	Reque	est For	m						
Participant Inf	ormation	!													
Name: Ci	Name: City of West Lafayette					SRF Loan Number:			WW141079 07						
DUNS Number:	IS Number: 04 455 2636 CCR Number: 6NKJ2						Request 50								
Mailing	711 \	West Navajo Stre	et												
City: West Lafayette State: IN							ZIP 47906								
Contact Person:	. Gray, City Controller				tact Phone	Phone Number: 765-775-5150									
Authorized Representative: Mayor John R Dennis, or Peter L Gray Authorized Representative Phone Number: 765-775-5100															
If requesting rein	mburseme	nt to the Particip	ant by wire	e transfer p	lease provi	de the fol	lowing info	rmation:		***************************************					
Bank Name: Bank Routing Number:															
Account Name:						Acco	unt Numbe	r:							
Loan Informati	on														
Description of war (services, fees, ty		_	g made	Shera	aton and Fa	irway Kno	lls Lift Stati	ion Improvi	ments						
Is any part of this claim funded by an alternate funding source?										YES		⊠ ио			
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):									\$						
Is any part of this claim funded by the Indiana Brownfields Program?										☐ YES		⊠ ио			
Has the Participant paid the request and is now seeking reimbursement?										☐ YES		🛛 ио			
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.									YES		⊠ NO				
Are there Green Project Reserve components involved in this request?									YES		⊠ NO				
If yes, please describe:															
Loan Financial	Informat	ion		-											
Original Loan An	nount:					*******						\$	2,610	000.00)
Total Amount of Previous Disbursements:										\$	2,551,443.00				
Balance Available After this Disbursement:										\$	56,884.00				
Amount to Contractor for this Request:											\$ 1,673.00				
Is any part of this	s request a	partial or final r	elease of re	etainage to	the contra	ctor?							☐ YES		⊠ NO
Contractor Name	2:	Wessler Engineer	ring			DU	NS Numbe	r: 08	153 13	352					
Mailing address:		6219 S East Stree	et .												
City: Indiana	<u> </u>			State:	IN					ZIP Code:	46	227			
Wiring Informati	on:								Υ						
Bank Name:															
Account Name:						Ac	count Num	ber:							
Retainage Amo												\$		т.	<u>·</u>
Participant reque				<u>`</u>											
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:															
Participant reque	ests that tr	ne retainage amo	unt be sen	t to the fol	lowing bank	T			Т.				· · ·	Į L	
	Bank Name: Bank Routing Number: Account Name: Account Number:														
Account Name:	f Abia Da					Acc	count Num	ber:			1				
The undersigned he of the project agree Department of Labo	reby certif	ies this request fo t the certified pay	rolls receive											condit	tions
Authorized Representative										Date	Date: JUN 0 7 20			7 201	16
	- 1														
For Internal Use	Only:						F			1		<u>.</u> T	0-0000000000000000000000000000000000000		
Approved By:							Date:			GPR		\$			



RECEIVED

More than a Project™

MAY 3 1 2016 UTILITY DIRECTOR

INVOICE

To:

CITY OF WEST LAFAYETTE

Invoice Number: 29070

MR. DAVID S. HENDERSON, UTILITY DIRECTOR

May 20, 2016

500 SOUTH RIVER ROAD

WEST LAFAYETTE, INDIANA 47906

Project:

174515.00

WEST LAFAYETTE - SHERATON & FAIRWAY KNOLLS LIFT STATION

Manager:

GARY L. RUSTON

Professional Services for the Period: 4/1/16 to 4/3016.

PHASE:

RESIDENT PROJECT REPRESENTATIVE .68

TASK:

NORTHSIDE REGIONAL LIFT STATION - RPR .02

Professional Services

Bill Hours

Bill Rate

Charge

Senior Resident Project Representative

17.00

\$ 95.00

\$ _1,615.00

Total Labor

17.00

\$ 1,615.00

Reimbursables

Travel

Total Reimbursables

58.32 58.32

Total Project Invoice Amount

\$ 1,673.32

OVER 120

\$0.00

90-120

\$0.00

Wessler Engineering/Inc. GARY L. RUSTON

Project Manager

Aged Receivables:

60-90 CURRENT 30-60 \$1,673.32 \$5,393.43 \$0.00

All invoices are due upon receipt. A late charge of 1.5% will be added to any unpaid balance after 30 days.

Project	174515.00	W. LAF - SHI	ERATON & FAIR	S Invoice	29070				
Billin	g Backup				Eriday N	May 20, 2016			
	ER ENGINEERING, INC). I	Invoice 29070 Da	i iluay, i	Friday, May 20, 2016 9:31:46 AM				
Project	174515.00 			AY KNOLLS LIF	TSTATION				
Phase	00068	CONSTRUCTION OBSERVATION							
Task 000002 NORTHSIDE REGIONAL LS RPR									
Profess	ional Services								
Sr Doci	dent Project Representa	tivo	Bill Hours	Bill Rate	Charge				
	Sr. Resident Project Rep								
528	McGUIRE, SAMUEL Inspection		1.00	95.00	95.00				
528	McGUIRE, SAMUEL Inspection	4/5/2016	2.00	95.00	190.00				
528	McGUIRE, SAMUEL Inspection	4/6/2016	1.00	95.00	95.00				
528	McGUIRE, SAMUEL Inspection	4/7/2016	1.00	95.00	95.00				
528	McGUIRE, SAMUEL Inspection	4/11/2016	1.00	95.00	95.00				
528	McGUIRE, SAMUEL Inspection		1.00	95.00	95.00				
528	McGUIRE, SAMUEL Inspection		2.00	95.00	190.00				
528	McGUIRE, SAMUEL Inspection		2.00	95.00	190.00				
528	McGUIRE, SAMUEL Inspection		2.00	95.00	190.00				
528	McGUIRE, SAMUEL Inspection		2.00	95.00	190.00				
528	McGUIRE, SAMUEL Inspection	4/21/2016	1.00	95.00	95.00				
528	McGUIRE, SAMUEL Inspection Totals	4/25/2016	1.00 17.00	95.00	95.00 1,615.00				
	Total Labor		17.00		1,013.00	1,615.00			
Unit Billi	-								
Mileage - Company vehicles Veh. #0703 108.0 Miles @ 0.54 58.32									
V 0111	Total Units		100.0 iviles @ 0.54			58.32			
				Total this	Task	\$1,673.32			
				Total this P	hase	\$1,673.32			
				Total this Pr	oject	\$1,673.32			
		eport	\$1,673.32						